

TO THE UNITED STATES PATENT AND TRADEMARK
OFFICE: PLEASE STAMP AND RETURN. THANK YOU.

SUBMITTED: Preliminary Amendment "B"; Information
Disclosure Statement; Form PTO-1449 Listing
Twenty-Six (26) References; Copies of the
Listed References; Form PTO-2038 for
\$168.00; Transmittal Letter; Certificate of
Express Mailing; Postcard

APPLICANT: Brain Algar

TITLE: A GLASS COMPOSITION

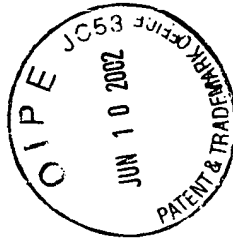
SERIAL NO. 10/069,143

FILED: February 14, 2002

DOCKET NO: 7678.576a.1

MAILED: June 10, 2002

DT01 Rec'd PCT/PTO JUN 11 2002



POST OFFICE
TO ADDRESSEE

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)	
PO ZIP Code 84147	Day of Delivery <input checked="" type="checkbox"/> First <input type="checkbox"/> Second
Date In 6-10-02	Time In 16:57
Weight 4.13 lbs.	Postage \$20.85
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Return Receipt Fee \$20.85
Int'l Alpha Country Code	COD Fee
Acceptance Clerk Initials SH	Insurance Fee
Total Postage & Fees \$24.85	

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

PHONE: ()

WORKMAN NYDEGGER & SEELEY
60 E SOUTH TEMPLE STE 1000
EAGLE GATE TOWER
SALT LAKE CITY UT 84111-1011
USA

GUYNN-7678.576a.1



EL 813859205 US



SEE REVERSE SIDE FOR
SERVICE GUARANTEE AND LIMITS
ON INSURANCE COVERAGE

<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void (waiver of signature is requested). I wish delivery to be made without obtaining signature. I address to addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Signature: _____

Federal Agency Acct. No. or
Postal Service Acct. No.

TO: (PLEASE PRINT)

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ASSISTANT COMMISSIONER
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EL 813859205 US



POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void. A waiver of signature is required for delivery to be made without obtaining signature of addressee or employee. Agent for delivery employee must be available to obtain signature of addressee or employee. If delivery employee's signature constitutes valid proof of delivery.			
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$		NO DELIVERY: <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
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PRESS HARD. You are making 3 copies.				FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)	
	Brian Algar)	
Serial No.:	10/069,143)	Art Unit
Filed:	February 14, 2002)	Not Yet Assigned
For:	A GLASS COMPOSITION)	
Examiner:	Not Yet Assigned)	

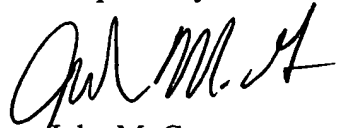
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

I hereby certify that following documents are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date of deposit: June 10, 2002.

- Preliminary Amendment "B"
- Information Disclosure Statement
- Form PTO-1449 Listing Twenty-Six (26) References
- Copies of the Listed References
- Form PTO-2038 for \$168.00
- Transmittal Letter
- Postcard

Respectfully submitted,



John M. Guynn
Attorney for Applicant
Registration No. 36,153



022913

PATENT TRADEMARK OFFICE

JMG:cm

WORKMAN NYDEGGER & SEELEY

ATTORNEYS AT LAW

A PROFESSIONAL CORPORATION

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PATENT APPLICATION
Docket No. 7678.576a.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Brian Algar

Serial No.:

10/069,143

Filed:

February 14, 2002

For:

A GLASS COMPOSITION

Examiner:

Not Yet Assigned

)
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) Art Unit
) Not Yet Assigned
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Assistant Commissioner of Patents
and Trademarks
Washington, D.C. 20231

TRANSMITTAL FOR AMENDMENT AND INFORMATION DISCLOSURE STATEMENT

Sir:

Transmitted herewith is an amendment for entry in the above-identified application.

The fee has been calculated as follows.

Small Entity						Other Than A Small Entity		
	Claims Remaining After	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	or	Rate	Additional Fee
Total	50	Minus 50	= 0	x 9 =	\$		x 18 =	\$ 0
Indep.	5	Minus 3	= 2	x 42 =	\$	or	x 84 =	\$168.00
1st Presentation of Multiple Dependent Claims				+ 130 =	\$	or	+ 260 =	\$ 0
Total Additional Fee					\$	or	Total	\$168.00

X Form PTO-2038 in the amount of \$168.00 is enclosed to cover the filing fee for additional claims. The Commissioner is hereby authorized to charge payment or credit any overpayment of additional fees to Deposit Account No. 23-3178. Duplicate copies of this sheet are attached.

Also transmitted herewith for filing and pursuant to 37 C.F.R. § 1.97 is a Information Disclosure Statement, which includes the following statements, if any, required variously by 37 C.F.R. § 1.98:

X Statement of relevance of selected cited references not in the English language which are not translated.

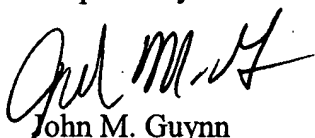
X Form PTO-1449 listing twenty-six references submitted for consideration.

X Copies of the twenty-six references listed on the Form PTO-1449.

The transmitted Information Disclosure statement is being filed prior to the mailing of a first Office Action, therefore, no fee is due. The commissioner is hereby authorized to charge payment of additional fees, or to credit any overpayment thereof, to Deposit Account No. 23-3178. A duplicate copy of this sheet is enclosed.

Dated this 10th day of June 2002.

Respectfully submitted,


John M. Guynn
Attorney for Applicants
Registration No. 36,153



022913

PATENT TRADEMARK OFFICE

JMG:cm

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